PUBLIC HEALTH NURSE (27): Performs pre-admission screening and PASARR activities for clients who are assessing community-based waivered services or nursing home services. Match: 85% SPMP, 15% PASAR

ADMINISTRATIVE ASSISTANT I: Plans and directs complex administrative functions of Division personnel in maintaining records, purchasing supplies and equipment and preparing related records, reports and files. Match: 100% MED. ADMIN.

23   DATA MANAGEMENT & RESEARCH ANAL. I (9): Assists members of the CLTC nurse consultant team by performing pre-admission screening functions for Medicaid eligible clients who need long term care services. Serves as the area office liaison for the WAN and LAN activities. Match: 42% MED. ADMIN., 58% CASMGT

DATA MANAGEMENT & RESEARCH ANAL. I: Under general supervision of the Lead Team Supervisor assists members of the CLTC nurse consultant team by performing pre-admission screening functions for Medicaid eligible clients who need long term care services; serves as the area office liaison for the WAN and LAN activities; provides administrative support to nurse consultant staff.
Match: 42% MED. ADMIN., 58% CASMGT

DATA MANAGEMENT & RESEARCH ANAL. I: Under general supervision of the Lead Team supervisor assists members of the CLTC Satellite Office by performing pre-admission screening functions for Medicaid eligible clients who need long term care services, provides technical support to the office assisting with a variety of office automation tasks, and serves as office manager for the office.
Match: 42% MED. ADMIN., 58% CASMGT

ACCOUNTING TECH II (9): Provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, and represents the area office on statewide automation activities.
Match: 100% CASMGT

ACCOUNTING TECH II: Under general supervision of the Lead Team Supervisor provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, represents the area office on statewide automation committee, provides administrative support to case management staff.
Match: 100% CASMGT

ACCOUNTING TECH II: Under general supervision of the Lead Team Supervisor provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, and represents the area office on statewide automation committee. Match: 100% CASMGT

ACCOUNTING TECH II: Under general supervision of the Lead Team Supervisor provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, and represents the area office on statewide automation committee. Match: 100% CASMGT

EXECUTIVE SUPPORT SPECIALIST (9): Provides administrative support to all CLTC area office staff and serves as the WordPerfect software resource person for the area office. Match: 42% MED. ADMIN., 58% CASMGT

SC: MA 95-014
EFFECTIVE DATE: 7/01/95
RO APPROVAL: //-2/-95
SUPERSEDES: N/A

EXECUTIVE SUPPORT SPECIALIST: Under the supervision of Lead Team and/or Area Administrator, provides administrative support to all CLTC area office staff and serves as the WordPerfect software resource person for the area office, serves as network GURU for area office. Match: 42% MED. ADMIN., 58% CASMGT

EXECUTIVE SUPPORT SPECIALIST: Under the supervision of the Area Administrator, provides administrative support to all CLTC area office staff and serves as the WordPerfect software resource person for the area office.
Match: 42% MED. ADMIN., 58% CASMGT

DATA COORDINATOR I: Performs data coordination activity relative to enrollment for DDSN and PSC waivers; maintains database for above programs/clients; keys & maintains leave for CLTC and NH Divisions. Match: 25%MMIS, 75% MED. ADMIN.

ADMINISTRATIVE SPECIALIST B: Provides secretarial and administrative duties involved in the operations of the Field Management Department; provides technical assistance to area offices. Match: 100% MED. ADMIN.

1 POSITION: Assists in the implementation of a system of pre-admission screening and PASARR activities for clients who are assessing community-based waivered services or nursing home services. Performs advanced care activities and assists with staff training. Match: 85% SPMP, 15% PASAR

ADMINISTRATIVE SPECIALIST B: Provides advanced secretarial or administrative duties for the department; provides support functions for program operations.
Match: 100% MED. ADMIN.

DIVISION OF HOME HEALTH & NURSING FACILITIES

MEDICAID DIVISION DIRECTOR: Organizes, directs and administers a Medicaid Division. Responsibilities include analysis and evaluation of broad, complex health and human services issues; research and planning; policy and program development; financial management; liaison activities; administering personnel, budget, and day to day operations of the Division, and briefing executive management on related issues. Match: 100% MED. ADMIN.

PROJECT ADMINISTRATOR (3): Plans, implements, administers, and directs special projects or programs; conducts research and performs long range and short range planning; conducts liaison activities with and educational intervention workshops for services providers; represents the Division on tasks forces, planning groups, and committees for program planning and budgeting. Match: 100% MED. ADMIN.

PLANNER IV: Coordinates collection, organization, evaluation and presentation of data for long term care program planning; formulates, structures, and coordinates implementation of comprehensive plans, goals, and policies dealing with inter-intra governmental situations requiring action.
Match: 100% MED. ADMIN.

SC: MA 95-014
EFFECTIVE DATE: 7/01/95
RO APPROVAL: //-2/-95
SUPERSEDES: N/A

MEDICAID PROGRAM SUPERVISOR: Plans, coordinates, and directs program activities; provides guidance, supervision, and instruction to staff who are responsible for management and monitoring of Medicaid programs. Performs fiscal management, liaison activities, and systems coordination and utilization control functions. Match: 20% MMIS, 80% MED. ADMIN.

MEDICAL SERVICES REVIEWER II: Provides medical consultation and technical assistance for appeals and hearings relative to continued medical care and/or payment denials. Match: 100% SPMP

MEDICAID POLICY ANALYST II: Receives, analyzes, and responds to inquiries from medical providers; analyzes on-line MMIS computer data, hard copy records, microfiche reports, etc. to identify problems and provide technical assistance; provides technical assistance and training to service providers on billing, claims filing and payment process; drafts, edits, and disseminates policy and procedural manuals, bulletins, forms, related to specified program areas. Match: 20% MMIS, 80% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Provides secretarial and clerical support for the Division.   Activities include coordinating scheduling, calendaring, travel arrangements, meetings arrangements; maintaining files, correspondence logs, leave records; maintaining supply inventory; receiving, screening, and routing Division Director calls and division correspondence. Match: 100% MED. ADMIN.

BUREAU OF REIMBURSEMENT METHODOLOGY AND POLICY

Bureau Chief: Oversees the development and evaluation of reimbursement methodologies and policies of Medicaid, Social Services Block Grant, and Child Care and Development Block Grant providers which contract with the South Carolina Department of Health and Human Services.   Provides leadership in the administration of the South Carolina Medicaid Disproportionate Share Payment Program. Match: 5% SSBG, 95% MED. ADMIN.

Reimbursement Analyst: Under general supervision performs desk audit and rate setting functions for Medicaid providers. Accumulates data for various analyses. Match: 100% MED. ADMIN.

Division of Long Term Care Reimbursements

Division Director: Under general supervision of the Bureau Chief, manages and directs the nursing facility and ICF/MR reimbursement programs for the South Carolina Department of Health and Human Services. Match: 100% MED. ADMIN.

Reimbursement Supervisor (2):   Under general supervision of the Division Director, manages the operations and activities pertaining to the desk audit and rate setting functions of nursing facilities and ICF/MR providers participating in the South Carolina Medicaid Program. Also manages the processing of accounts receivable/accounts payable resulting from interim cost report settlements and final audit reports. Match: 100% MED. ADMIN.

Senior Reimbursement Analyst (2): Under general supervision of the Reimbursement Supervisor, performs the desk audit and rate setting functions for nursing facility and ICF/MR providers participating in the South Carolina Medicaid Program to ascertain compliance with federal regulations and agency policy. Match: 100% MED. ADMIN.

Reimbursement Analyst: Under general supervision of the Senior Reimbursement Analyst, performs desk audit and rate setting functions for nursing facilities and ICF/MR providers participating in the South Carolina Medicaid Program. Accumulates data for various analyses. Match: 100% MED. ADMIN.

Administrative Specialist C: Provides clerical support for the Division of Long Term Care Reimbursements. Match: 100% MED. ADMIN.

Division of Ancillary Reimbursements

Division Director: Under general supervision of the Bureau Chief, manages and directs the Social Services Block Grant, Child Care and Development Block Grant, and the non-institutional Medicaid reimbursement programs for the South Carolina Department of Health and Human Services.
Match: 5% SSBG and 95% MED. ADMIN.

Director of Grant Development: Under general supervision of the Division Director, provides technical assistance, training, and management support to non-institutional Medicaid providers. Match: 100% MED. ADMIN.

Reimbursement Supervisor: Under general supervision of the Division Director, plans, implements, administers and directs special projects and programs relating to programmatic reimbursement of Social Services Block Grant providers and ancillary Medicaid providers.
Match: 5% SSBG and 95% MED. ADMIN.

Project Administrator: Under general supervision performs financial reviews of Social Services Block Grant and various non-institutional ancillary Medicaid providers' cost reports and budget proposals.
One matched at 5% Social Services Block Grant and 95% MED. ADMIN. one matched at 40% SSBG and 60% MED. ADMIN.

Division of Acute Care Reimbursements

Division Director: Under general supervision of the Bureau Chief, manages and directs the statewide inpatient hospital (which includes Disproportionate Share) and residential treatment facilities reimbursement activities for the South Carolina Medicaid Program. Match: 5% MMIS and 95% MED. ADMIN.

Reimbursement Supervisor: Under general supervision of the Division Director, manages the operations and activities pertaining to the desk audit and rate setting process for inpatient hospital providers (which includes Disproportionate Share) and residential treatment facilities.
Match: 25% MMIS and 75% MED. ADMIN.

Senior Reimbursement Analyst: Under general supervision of the Reimbursement Supervisor, performs the desk audit and rate setting functions for inpatient hospitals (which includes Disproportionate Share) and residential treatment facilities participating in the South Carolina Medicaid Program to ascertain compliance with federal regulations and agency policy.
Match: 100% MED. ADMIN.

Reimbursement Analyst: Under general supervision of the Senior Reimbursement Analyst, performs desk audit and rate setting functions for inpatient hospitals and residential treatment facilities in the South Carolina Medicaid Program. Accumulates data for various analyses. Match: 100% MED. ADMIN.

Administrative Specialist C: Provides clerical support for the Division of Acute Care Reimbursements. Match: 100% MED. ADMIN.

BUREAU OF INFORMATION RESOURCES MANAGEMENT

HHSFC MANAGER V: To direct and manage the information resources management function of the [Department] and the Medicaid Third Party Liability function, including responsibility for planning, policy and standard development, procurement, program management and operations.
Match: 10% SSBG, 10% Child Supt., 35% MMIS, 45% MED. ADMIN.

SYSTEM MANAGER: To manage, direct, lead and co-ordinate the work of analysts, programmers, user area analysts in the analysis, design, development, testing and implementation of the [Departments] new automated data processing systems and major modifications to existing systems. Match: 50% SSBG, 50% MMIS

ADMINISTRATIVE ASSISTANT I: Provide administrative support to the Bureau Chief in directing and managing the operation, enhancement and maintenance of the State Medicaid Management Information System (MMIS) as well as the information resources of the agency. Match: 100% MED. ADMIN.

THIRD PARTY LIABILITY DIVISION

HHSFC MANAGER III: Under limited supervision administers and directs statewide Third Party Liability operations and activities at the Department of Health and Human Services. Match: 35% MMIS, 65% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I (2): Under the general supervision of a Medicaid Division Director, plans, manages and monitors TPL Casualty and Estate Recovery program activities. Match: 50% MMIS, 50% MED. ADMIN.

MEDICAID POLICY ANALYST II (3): Under general supervision develops policies and procedures for the administration of the Medicaid program and provides technical assistance in the implementation of Third Party Liability Casualty programs.
Match: 58% MMIS, 42% MED. ADMIN.

ASSISTANT PROJECT ADMINISTRATOR: Under general supervision assists in planning, implementing, administering and directing the Estate Recovery program for the Division of Third Party Liability. Match: 50% MMIS, 50% MED. ADMIN.

MEDICAID POLICY ANALYST I (4): Under general supervision, assists the Medicaid Policy Analyst II's in the development and dissemination of Medicaid Third Party Liability policies and procedures. Match: 69% MMIS, 31% MED. ADMIN.

DATA COORDINATOR I (2): Under general supervision coordinates data production and delivery schedules within a department; designs and modifies forms; provides user assistance and records maintenance. Match: 58% MMIS, 42% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Directs, coordinates and/or supervises general administrative functions within a TPL department; develops, establishes, and supervises office procedures and practices for these and related functions. Match: 35% MMIS, 65% MED. ADMIN.

THE DIVISION OF TECHNICAL SUPPORT

SYSTEM MANAGER: With respect to Medicaid, has overall responsibility for the support, maintenance, and operation of the Medicaid Management Information System (MMIS). Coordinates agency and contracted technical resources with agency priorities. Acts as Division Director.
Match: 10% SSBG, 10% CCDBG, 50% MMIS, 30% MED. ADMIN.

SENIOR SYSTEM ANALYST (2): Serves as Department Head, supervising technical staff in the support, maintenance, and operation of the MMIS. Assigns projects and meets with system users to define system requirements and to provide project coordination. Match: 15% SSBG, 15% CCDBG, 35% MMIS, 35% MED. ADMIN.

PROGRAMMER ANALYST III (6): Assist MMIS users in defining and documenting requirements for systems modifications. Coordinate with Clemson technical staff during development, testing, and implementation of MMIS changes. Provide ad hoc reporting capabilities. Match: 10% SSBG, 10% CCDBG, 67% MMIS, 13% MED. ADMIN.

PROGRAMMER ANALYST I: Approximately 50% of staff devoted to supporting administrative systems, including personnel, accounting, payroll, and medicaid-related systems. Match: 100% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Provides administrative and clerical support to the Division. Match: 100% MED. ADMIN.

BUREAU OF MEDICAID PROGRAM ASSESSMENT

HHSFC MANAGER IV: Plans, organizes and directs the activities of the statewide provider/recipient surveillance and utilization review effort within the Bureau of Medicaid Program Assessment. Match: 50% MED. ADMIN. 50% SPMP

SC: MA 95-014
EFFECTIVE DATE: 7/01/95
RO APPROVAL: 11-21-95
SUPERSEDES: N/A

Administrative Assistant I: Coordinates the office management duties of the Bureau.   Provides administrative support to chief.   Conducts REOMB Program. Match: 50% MED. ADMIN., 50% SPMP

Assistant Project Administrator: Coordinates identified recoupments with Bureau of Fiscal Affairs, drafts provider sanction letters for Agency head's signature, maintains bureau accounting files, compiles statistical reports and monitors bureau budget accounting files, compiles statistical reports and monitors bureau budget.   Match: 50% MMIS, 50% MED. ADMIN.

DIVISION OF FRAUD AND INVESTIGATIONS BRANCH

HHSFC MANAGER II: Supervises and directs the overall activities of the preliminary fraud investigative unit. Directs the assignment, investigation and resolution of provider/recipient cases which contain allegations of fraud against the Medicaid Program.   Certified law enforcement officer.   Supervises one (1) Medicaid Program Manager. Match: 10% MMIS, 90% MED. ADMIN.

MEDICAID PROGRAM MANAGER: Conducts complex, sensitive preliminary investigations where fraud or serious abuse has been alleged.   Cases are received by complaint or generated through SURS reviews.   Certified law enforcement officer. Match: 10% MMIS,   90% MED. ADMIN.

DIVISION OF MEDICAL SERVICE REVIEW BRANCH

HHSFC MANAGER II: Supervises and directs the overall activities of the division which is staffed with skilled professional medical personnel (SPMP).   These professionals are registered nurses who perform reviews on physicians, other medical specialties and recipients. Supervises one (1) department head, one (1) medicaid program manager and four(4) medical services reviewers. Match: 100% SPMP

MEDICAID DEPARTMENT HEAD: Supervises section SPMP Medical Services Reviewer staff in the surveillance and utilization review function to detect fraud and abuse in the program. Registered Nurse.   Match: 100% SPMP

MEDICAID PROGRAM MANAGER: Conducts advanced level surveillance and utilization reviews of physicians, medical related specialties and recipients to determine accuracy, medical necessity, quality and appropriateness of care.   Registered Nurse.   Match: 100% SPMP

MEDICAL SERVICES REVIEWER I (3):   Conducts surveillance and utilization reviews on physician and medical related specialties and recipients to determine accuracy, medical necessity, quality and appropriateness of care.   Registered Nurse.   Match: 100% SPMP

DIVISION OF PROGRAM UTILIZATION BRANCH

HHSFC MANAGER II: Supervises and directs the overall activities of professional staff in the surveillance and utilization review of non physician providers and recipients. Supervises a program information coordinator, a data management and research analyst, an administrative specialist, a department head and four (4) medical services reviewers. Supervises the update and maintenance of the SURS Control File and the Health Care Utilization Program/LOCK-IN. Match: 80% MMIS, 20% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Supervises section staff in the surveillance and utilization review of non physician related specialties to determine accuracy, medical necessity, quality and appropriateness of care and dental care providers and other program specialties. Registered Dental Hygienist.
Match: 75% SPMP, 25% MMIS

ADMINISTRATIVE ASSISTANT C: Provides administrative and secretarial support to Division Directors, SPMP staff and professional review staff.
Match: 75% SPMP, 25% MED. ADMIN.

PROGRAM INFORMATION COORDINATOR II: Maintains and updates the SURS Control File directly online in MMIS. Conducts quarterly SURS meetings to publish the provider/recipient processings and to accept revisions to the exception criteria/parameters. Maintains bureau case tracking system.
Match: 80% MMIS, 20% MED. ADMIN.

DATA MANAGEMENT AND RESEARCH ANALYST II: Sorts and organizes data which is specifically requested by case review staff. Downloads SURS paid histories into the personal computer and orchestrates special reports which cannot normally be run by SURS. Performs recipient surveillance and utilization review to detect abuse and fraud. Match: 75% MMIS, 25% MED. ADMIN.

MEDICAID SERVICES REVIEWER II: Performs non physician provider/recipient surveillance and utilization reviews to monitor for accuracy, medical necessity, quality and appropriateness of services. Match: 75% MMIS, 25% MED. ADMIN.

SC: MA 95-014
EFFECTIVE DATE: 7/01/95
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